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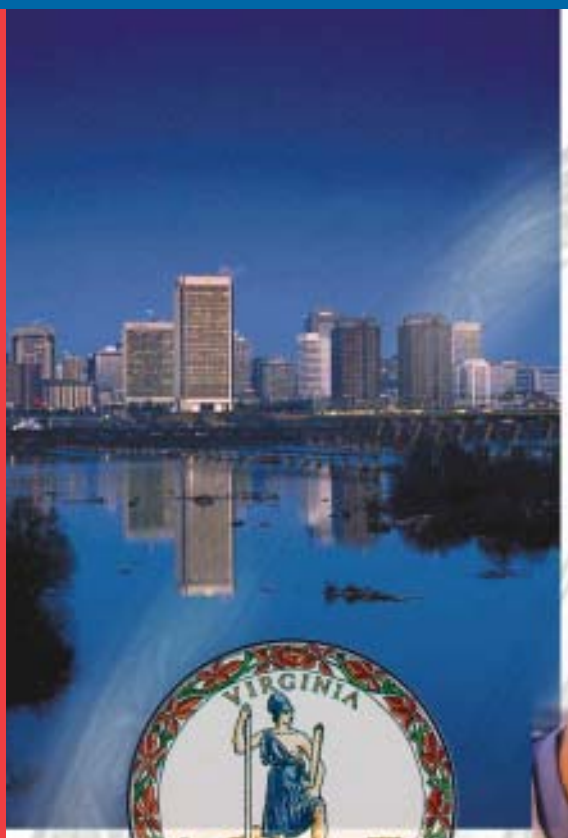

Commonwealth of Virginia Department of Medical Assistance Services

External Quality Review

UNICARE Health Plan of Virginia

SFY 2005

We don't provide healthcare... we make it better.

Section II - Performance Improvement Projects

Introduction

As part of the annual External Quality Review (EQR), Delmarva conducted a review of Performance Improvement Projects (PIPs) submitted by each managed care organization (MCO) contracting with the Department of Medical Assistance Services (DMAS). According to its contract with DMAS, each MCO is required to conduct PIPs that are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. According to the contract, the PIPs must include the measurement of performance using objective quality indicators, the implementation of system interventions to achieve improvement in quality, evaluation of the effectiveness of the interventions, and planning and initiation of activities for increasing or sustaining improvement.

The guidelines utilized for PIP review activities were the Centers for Medicare and Medicaid Services' (CMS') *Validation of PIPs* protocols. After developing a crosswalk between the quality improvement activity (QIA) form and *Validating PIP Worksheet*, Delmarva staff developed review processes and worksheets using CMS' protocols as guidelines (2002). CMS' *Validation of PIPs* assists external quality review organizations (EQROs) in evaluating whether or not the PIP was designed, conducted, and reported in a sound manner and the degree of confidence a state agency could have in the reported results.

Prior to the PIP review for the 2003 review period (July through December 2003) training on the new validation requirements was provided to the Medallion II MCOs and Delmarva Foundation for Medical Care, Inc. (Delmarva) review staff. This training consisted of a four-hour program provided by Delmarva to orient the MCOs to the new Balanced Budget Act (BBA) of 1997 requirements and PIP validation protocols so that they would be familiar with the protocols used to evaluate their performance. CMS' validation protocols, *Conducting and Validating Performance Improvement Projects*, were presented to the MCOs in hardcopy during the training.

For the 2003 review period, the reviewers evaluated the entire project submission, although the minimum requirement was that each MCO review and analyze its baseline performance in 2003 to develop strong, self-sustaining interventions targeted to reach meaningful improvement.

For the current review period, calendar year (CY) 2004, the same protocols and tools were used. Reviewers evaluated each project submitted using the CMS validation tools. This included assessing each project across ten steps. These ten steps include:

Step 1: Review the Selected Study Topics
Step 2: Review the Study Questions
Step 3: Review the Selected Study Indicator(s)
Step 4: Review the Identified Study Population
Step 5: Review Sampling Methods
Step 6: Review the MCO's Data Collection Procedures
Step 7: Assess the MCO's Improvement Strategies
Step 8: Review Data Analysis and Interpretation of Study Results
Step 9: Assess the Likelihood that Reported Improvement is Real Improvement, and
Step 10: Assess Whether the MCO has Sustained its Documented Improvement.

As Delmarva staff conducted the review, each component within a standard (step) was rated as "yes," "no," or "N/A" (not applicable). Components were then rolled up to create a determination of "met", "partially met", "unmet", or "not applicable" for each of the ten standards. Table 1 describes this scoring methodology.

Table 1. Rating Scale for Performance Improvement Project Validation Review

Rating	Rating Methodology
Met	All required components were present.
Partially Met	One but not all components were present.
Unmet	None of the required components were present.
Not Applicable	None of the required components are applicable.

Results

This section presents an overview of the findings of the Validation Review conducted for each PIP submitted by the MCO. Each MCO's PIP was reviewed against all 27 components contained within the ten standards. Results for each of the ten activities assessed for each PIP are presented in Table 2 below.

Table2 . 2004 Performance Improvement Project Review for UNICARE.

Activity Number	Activity Description	Review Determination	
		Improving Diabetes Control	Improving Asthma Control
1	Assess the Study Methodology	Met	Met
2	Review the Study Question(s)	Partially Met	Partially Met
3	Review the Selected Study Indicator(s)	Met	Met
4	Review the Identified Study Population	Met	Met
5	Review Sampling Methods	Met	Met
6	Review Data Collection Procedures	Partially Met	Partially Met
7	Assess Improvement Strategies	Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Partially Met
9	Assess Whether Improvement is Real Improvement	N/A	Partially Met
10	Assess Sustained Improvement	N/A	Met

The individual review results for each PIP are found in Appendix IA3.

Conclusions and Recommendations

Conclusions

The MCO provided two PIPs for review. These included, (1) Improving Diabetes Control and (2) Improving Asthma Control. These were evaluated using the Validating Performance Improvement Projects protocol, commissioned by the Department of Health and Human Services (DHHS), CMS, which allows assessment among 10 different project activities.

For the Improving Diabetes Control Project, the MCO received a review determination of “Met” for six (6) activities and “Partially Met” for two (2) activities. The remaining two activities were “not applicable” since this was a baseline project submission and Activities 9 and 10 address remeasurements.

For the second project, Improving Asthma Control, UNICARE received a review determination of “Met” for six (6) activities and a “Partially Met” for the remaining four (4) activities.

Recommendations

Based on this review of the two PIPs submitted by UNICARE, the following recommendations are made to improve the PIP process and performance.

- Ensure that data analyzed for selection of a study topic is related to the Medallion II population.
- Ensure that Medallion II specific data is utilized in describing the rationale for the study. The importance of selecting these specific measures could be strengthened by including the performance gap between each of these measures and the Health Plan Employer Data and Information Set (HEDIS®)[1] comparison benchmarks. If HEDIS measures are used, this should be explicitly stated.
- The PIP report should include a description of the internal plan to ensure the collection of valid and reliable data for each indicator. Present evidence to support clear data collection instruments designed to promote inter- rater reliability for manual data collection. Specify the qualifications of the staff responsible for collecting data from medical record reviews.
- Use of clinical literature to identify potential problems experienced by individuals with asthma is appropriate, however, there must be evidence that the problem is directly linked to the experience of the Medallion II population based upon demographic and utilization data.
- Ensure that the data analysis plan specified is followed for all PIP indicators including a quantitative and qualitative analysis, an interpretation of the extent to which the PIP was successful, and follow-up activities for each major barrier identified.
- As a part of its qualitative analysis or the Improving Asthma Control project, it is recommended that UNICARE review the significant improvement in the overuse of reliever medications to determine if there were any unanticipated factors that contributed to this decline and if so whether these factors can be expected to contribute to sustained improvement in this rate. This will help UNICARE in planning interventions as needed to ensure sustained improvement.

1 HEDIS is a registered trademark of the National Committee of Quality Assurance (NCQA).

QUALITY IMPROVEMENT PROJECT VALIDATION WORKSHEET

Use this or a similar worksheet as a guide when validating MCO/PHP Quality Improvement Projects. Answer all questions for each activity. Refer to the protocol for detailed information on each area.

ID of evaluator jaa Date of evaluation: July 2005

Demographic Information	
MCO/PHP Name or ID:	UniCare Health Plan of Virginia
Project Leader Name:	Heidi Solis, Senior Contracts Specialist
Telephone Number:	805-384-3644 Email: heidi.solis@wellpoint.com
Name of Quality Improvement Project:	Improving Asthma Control
Dates in Study Period:	January 1, 2003 to December 31, 2004 Phase: Remeasurement 1
Note: UniCare began serving Medallion II enrollees in 2002.	

I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY					
Step 1. REVIEW THE SELECTED STUDY TOPIC (S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?	☒	☐	☐	UniCare used Medicaid MCO specific and national data in selecting its study topic. Analysis of MCO reports ranked asthma as the 3rd most frequent diagnosis among outpatient claims and the 5th most frequent diagnosis among inpatient claims in 2004. Reports from 2003 were similar and revealed 11.5% of UniCare Medicaid enrollees had a claim for asthma. Nationally approximately 20 million Americans have asthma. UniCare provided full references for the national data cited.	QAPI RE2Q1 QAPI RE2Q2,3,4 QIA S1A1
1.2 Did the MCO/PHP QIP address a broad spectrum of key aspects of enrollee care and services?	☒	☐	☐	This PIP seeks to increase the rate of appropriate use of asthma controller medications and to decrease the overuse of reliever medications. This PIP addresses multiple care and delivery systems that have the ability to pose barriers to improved enrollee outcomes and meets the requirements of this element. A fishbone diagram identified member, practitioner, cultural, and health delivery organization issues.	QAPI RE2Q1 QIA S1A2
1.3 Did the MCO/PHP QIP include all enrolled populations; i.e., did not exclude certain enrollees such as with those with special health care needs?	☒	☐	☐	This clinical PIP addresses care of all enrollees age 5-56 years continuously enrolled during the measurement year with a diagnosis of asthma based upon administrative claims and pharmacy data. This criteria applies to both PIP indicators.	QAPI RE2Q1 QIA S1A2

I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY
Step 1. REVIEW THE SELECTED STUDY TOPIC (S)
Assessment Component 1 ☒ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components is present.
Recommendations

Step 2: REVIEW THE STUDY QUESTION (S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
2.1 Was there a clear problem statement that described the rationale for the study?	☐	☒	☐	UniCare Health Plan of Virginia (UniCare) identified a problem with appropriate use of asthma medications based upon a review of clinical literature, however, this was not directly linked to problems experienced by the Medallion II population diagnosed with asthma such as increased asthma complications, inpatient hospital stays, and/or ER visits.	QIA S1A3

Assessment Component 2

☐ Met – All required components are present.

☒ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Use of clinical literature to identify potential problems experienced by individuals with asthma is appropriate; however, there must be evidence that the problem is directly linked to the experience of the Medallion II population based upon demographic and utilization data.

Step 3: REVIEW SELECTED STUDY INDICATOR (S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
3.1 Did the study use objective, clearly defined, measurable indicators?	☒	☐	☐	Two indicators were identified for this study: use of appropriate medications for people with asthma (a HEDIS measure) and overuse of reliever medication. Both indicators were objective, clearly defined, and based on current clinical knowledge.	QAPI RE3Q1, QAPI RE3Q2-6 QAPI RE3Q7-8 QIA S1B2 QIA S1B3
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	☒	☐	☐	Use of appropriate asthma medications has been demonstrated to improve long-term control for individuals with asthma and as such serves as a proxy measure for changes in health status.	QAPI RE3Q9 QIA S1B1
Assessment Component 3 ☒ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components are present.					
Recommendations					

Step 4: REVIEW THE IDENTIFIED STUDY POPULATION					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
4.1 Did the MCO/PHP clearly define all Medicaid enrollees to whom the study question(s) and indicator(s) are relevant?	☒	☐	☐	UniCare clearly defined all Medicaid enrollees for each of the indicators based upon HEDIS specifications. The eligible population included individuals 5-56 years continuously enrolled during the measurement year with a diagnosis of asthma based on administrative claims and pharmacy data.	QAPI RE2Q1, QAPI RE3Q2-6
4.2 If the MCO/PHP studied the entire population, did its data collection approach capture all enrollees to whom the study question applied?	☒	☐	☐	HEDIS specifications and methodology meet the requirements of this component for both indicators.	QAPI RE4Q1&2 QAPI RE5Q1.2 QIA I B, C

Assessment Component 4

☒ Met – All required components are present.

☐ Partially Met – One, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Step 5: REVIEW SAMPLING METHODS					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	☐	☐	☒	No sampling was used. UniCare included the entire eligible population in the PIP.	QAPI RE5Q1.3a QIA S1C2
5.2 Did the MCO/PHP employ valid sampling techniques that protected against bias? *Specify the type of sampling or census used:*	☐	☐	☒	No sampling was used. UniCare included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2
5.3 Did the sample contain a sufficient number of enrollees?	☐	☐	☒	No sampling was used. UniCare included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2

Assessment Component 5

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Step 6: REVIEW DATA COLLECTION PROCEDURES					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
6.1 Did the study design clearly specify the data to be collected?	☒	☐	☐	Data to be collected was specified in the numerator and denominator for both indicators. HEDIS has well defined data requirements for the first indicator, use of appropriate asthma medications. The same data used to define the denominator for indicator #1 was used for indicator #2, overuse of reliever medications. The PIP identified the California Department of Health Services (DHS) as the source of the definition for reliever overuse. The drugs, which defined the numerator for the second indicator, were identified using NDC codes provided by the California DHS.	QAPI RE4Q1&2
6.2 Did the study design clearly specify the sources of data	☒	☐	☐	Sources of data were clearly identified to include: claims/encounter data and pharmacy data.	QAPI RE4Q1&2

Step 6: REVIEW DATA COLLECTION PROCEDURES					
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicator(s) apply?	☐	☒	☐	The data collection methodology for indicators #1 and #2 was listed as a programmed pull from claims/encounter files of all eligible members as well as pharmacy data. It is unclear whether pharmacy data will be collected manually or through an automated system. Data collection was identified as once a year. The PIP stated that all providers are paid on a fee for service basis, which UniCare believes ensures that the claims observed in the payment databases are a valid representation of the services that were provided. While this may reduce the likelihood of services being under reported this does not fully address how validity and reliability of the data is ensured. Events such as claims backlogs and coding issues may also affect the reliability and validity of the data. There was no evidence of a plan to audit data to ensure validity and reliability for either indicator.	QAPI RE4Q3a QAPI RE4Q3b QIA S1C1 QIA S1C3
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	☐	☒	☐	There was no evidence to support clear data collection instruments designed to promote inter-rater reliability for any manual data collection.	QAPI RE4Q1&2 QAPI RE4Q3b QAPI RE7Q1&2

Step 6: REVIEW DATA COLLECTION PROCEDURES					
6.5 Did the study design prospectively specify a data analysis plan?	☒	☐	☐	A comprehensive data analysis plan was provided for both quantitative and qualitative analysis. For the quantitative analysis procedures for comparative analysis with goals, benchmarks, and previous measurements were described as well as the selection of a goal or benchmark. Committees involved in the qualitative analysis, approaches to facilitate analysis, and expected outcomes of the analysis were also identified.	QAPI RE5Q1.2
6.6 Were qualified staff and personnel used to collect the data?	☒	☐	☐	The PIP identified appropriate qualifications and experience of the individual responsible for statistical analysis, study design, and significance testing for the PIP. If there is any manual data collection qualifications of the staff responsible for collecting the data must also be specified.	QAPI RE4Q4

Assessment Component 6

☐ Met – All required components are present.

☒ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

The PIP report should include a description of the internal plan to ensure the collection of valid and reliable data for each indicator. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability.

Step 7: ASSESS IMPROVEMENT STRATEGIES					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	☒	☐	☐	UniCare had not yet conducted a barrier analysis in response to remeasurement 1 since the results were received just prior to the PIP submission. There was evidence in the PIP that barriers had been previously identified and were utilized to develop interventions that were implemented in 2004 and planned for 2005. These interventions were reasonable and focused on both enrollee and provider education on appropriate asthma management and treatment and physician notification of the asthma risk level of their UniCare patients.	QAPI RE6Q1a QAPI RE6Q1b QAPI RE1SQ1-3 QIA S3.5 QIA S4.1 QIA S4.2 QIA S4.3

Assessment Component 7

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
8.1 Was an analysis of the findings performed according to the data analysis plan?	☐	☒	☐	The data analysis plan requires an annual quantitative and qualitative analysis of each indicator. The quantitative analysis for remeasurement 1 was limited to comparison of the appropriate asthma medication rate to the established goal and benchmark. There was no quantitative analysis of the overuse of reliever medication rate. As noted in 7.1 there was no qualitative analysis for either indicator for remeasurement 1 since the data had been received just prior to PIP submission. No evidence of a qualitative analysis following the baseline measure for either indicator was present as well.	QAPI RE4Q4 QIA III
8.2 Did the MCO/PHP present numerical QIP results and findings accurately and clearly?	☒	☐	☐	The Data/Results Table accurately and clearly identified the rate and MCO goal for each indicator for remeasurement 1.	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	☐	☒	☐	The analysis of results for the appropriate asthma medication indicator compared the first remeasurement with current goal and benchmark and identified the statistical significance of the rate decrease. There was no analysis of the overuse of reliever medication indicator. No factors were cited that threatened internal and external validity or influenced the comparability of the initial and repeat measurement of administrative data.	QAPI RE7Q2 QIA S1C4 QIA S2.1

Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
8.4 Did the analysis of study data include an interpretation of the extent to which its QIP was successful and follow-up activities?	☐	☒	☐	The analysis included an assessment of the success of the appropriate asthma medication indicator relative to the current goal and benchmark. It was noted that the rate decrease was not statistically significant at the $p<0.05$ level using the Chi-Square test. While the rate of overuse of reliever medications result demonstrated a statistically significant decrease as noted in the Data/Results Table this indicator was not addressed in the analysis. A qualitative analysis is planned by various committees that will include completion of a barrier analysis and identification of appropriate interventions.	QIA S2.2

Assessment Component 8

☐ Met – All required components are present.

☒ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Ensure that the data analysis plan specified is followed for all PIP indicators including both a quantitative and qualitative analysis, an interpretation of the extent to which the PIP was successful, and follow-up activities for each major barrier identified.

Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
9.1 Was the same methodology as the baseline measurement used when measurement was repeated?	☒	☐	☐	There were no changes to baseline methodology identified.	QAPI RE7Q2 QAPI 2SQ1-2 QIA S1C4 QIA S2.2 QIA S3.1 QIA S3.3 QIA S3.4
9.2 Was there any documented quantitative improvement in processes or outcomes of care?	☒	☐	☐	This is the first remeasurement since baseline. There was no documented improvement in the first indicator for appropriate use of asthma medications; however, there was a statistically significant decrease from baseline at 60.38% to remeasurement 1 at 7.44% for rate of overuse of reliever medication.	QAPI RE7Q3 QIA S2.3
9.3 Does the reported improvement in performance have face validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	☐	☒	☐	The significant improvement in the overuse of reliever medications reflecting a 52.9 percentage point decrease does not appear to have face validity based upon the interventions that were developed to address identified opportunities for improvement. It appears unlikely that such a decrease could occur based upon the mailing of an Asthma Disease Management Physician Toolkit which included practice guidelines in February 2004 and mailing of an educational packet to enrollees in July, August and November of 2004.	QIA S3.2

Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	☒	☐	☐	A Chi-square test at p<0.05 indicates a statistically significant decrease from baseline to remeasurement one for the rate of overuse of reliever medication indicator.	QIA S2.3

Assessment Component 9

☐ Met – All required components are present.

☒ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

As a part of its qualitative analysis it is recommended that UniCare review the significant improvement in the overuse of reliever medications to determine if there were any unanticipated factors that contributed to this decline and if so whether these factors can be expected to contribute to sustained improvement in this rate. This will help UniCare in planning interventions as needed to ensure sustained improvement.

Step 10: ASSESS SUSTAINED IMPROVEMENT					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐	☐	☒	This PIP was initiated in 2003 so there has been only one remeasurement for each of the two indicators. This component is, therefore, not applicable for this review period.	QAPI RE2SQ3 QIA II, III

Assessment Component 10

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Key Findings for: ☐ Proposal ☒ Annual ☐ Resubmission ☐ Final
1. **Strengths** ➢ All indicators were objective, clearly defined, and based on current clinical knowledge. ➢ UNICARE made excellent use of published data from the National Committee for Quality Assurance (HEDIS measures) and California Department of Health Services (reliever medication listing) in operationally defining the numerator and denominator for each indicator. ➢ A comprehensive data analysis plan was developed that includes both a quantitative and qualitative analysis. ➢ A fishbone diagram identified enrollee, practitioner, cultural and health delivery organization barriers leading to poor asthma control. ➢ A Chi-square test at $p<0.05$ indicates a statistically significant decrease from baseline to remeasurement one for the rate of overuse of reliever medication indicator.
2. **Best Practices** None identified.
3. **Potential /significant issues experienced by MCO** (Barrier Analysis/Clarification Questions) Barriers identified included: ➢ Lack of physician knowledge of UniCare asthma materials/resources available to enrollees and providers. ➢ Lack of physician knowledge of recommended asthma clinical practice guidelines. ➢ Lack of enrollee knowledge of how to treat asthma warning signs and asthma flare-ups. ➢ Lack of enrollee knowledge of self-management skills. ➢ Lack of physician knowledge of patients in need of additional support with asthma management.

Key Findings for: ☐ Proposal ☒ Annual ☐ Resubmission ☐ Final
4. **Actions taken by MCO** (Barrier Analysis/Response to Clarification Questions) Actions taken by the MCO included: ➢ Asthma Disease Management Toolkit mailed to 537 physicians. ➢ Asthma clinical practice guidelines mailed to 537 physicians. ➢ Enrollee incentive gift for submitting an asthma plan was introduced. ➢ A list of patients identifying the asthma risk level was faxed/mailed to 630 physicians. ➢ An asthma educational tool kit in English and Spanish was mailed to enrollees. ➢ Outreach calls were completed to enrollees identified with moderate and severe risk asthma in order to monitor health status, adherence to asthma treatment plan, and screen for case management.
5. **Recommendations for the next submission** (Pull from each Step Recommendations) ➢ Use of clinical literature to identify potential problems experienced by individuals with asthma is appropriate; however, there must be evidence that the problem is directly linked to the experience of the Medallion II population based upon demographic and utilization data. ➢ The PIP report should include a description of the internal plan to ensure the collection of valid and reliable data for each indicator. If manual data collection is performed for any indicator, describe how the data collection instrument was designed to promote inter-rater reliability. ➢ Ensure that the data analysis plan specified is followed for all PIP indicators including both a quantitative and qualitative analysis, an interpretation of the extent to which the PIP was successful, and follow-up activities for each major barrier identified. ➢ As a part of its qualitative analysis it is recommended that UniCare review the significant improvement in the overuse of reliever medications to determine if there were any unanticipated factors that contributed to this decline and if so whether these factors can be expected to contribute to sustained improvement in this rate. This will help UniCare in planning interventions as needed to ensure sustained improvement.

Key Findings for: ☐ Proposal ☒ Annual ☐ Resubmission ☐ Final
☒ The study design and methodology for this PIP submission meets PIP requirements. The EQRO recommends that the MCO continue with the project and report next year in the Spring of 2006 (exact time to be determined). ☐ The study design and methodology for this PIP submission does not meet PIP requirements. To meet requirements, we recommend the MCO resubmit by _____ (date): • (Action)

QUALITY IMPROVEMENT PROJECT
VALIDATION WORKSHEET

Use this or a similar worksheet as a guide when validating MCO/PHP Quality Improvement Projects. Answer all questions for each activity. Refer to the protocol for detailed information on each area.

ID of evaluator jaa Date of evaluation: July 2005

Demographic Information	
MCO/PHP Name or ID:	UniCare Health Plan of Virginia
Project Leader Name:	Heidi Solis, Sr. Contracts Specialist
Telephone Number:	(805) 384-3644 Email: heidi.solis@wellpoint.com
Name of Quality Improvement Project:	Improving Diabetes Control
Dates in Study Period:	January 1, 2003 to December 31, 2004 Phase: Remeasurement 1

I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY					
Step 1. REVIEW THE SELECTED STUDY TOPIC (S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?	☒	☐	☐	UniCare Health Plan of Virginia (UniCare) analyzed both national and Medallion II specific data in selecting this topic for study. According to UniCare data from 2004 diabetes ranked 26th in the top 30 inpatient diagnoses and 28th of the top 30 outpatient diagnoses. Opportunities for improvement in two of the HEDIS Comprehensive Diabetes Care measures were identified for the Medi-Cal contract. There was no evidence that performance on these two measures, HbA1c screening and diabetic retinal eye exam, was examined for the Medallion II population. In terms of national data diabetes was identified as the sixth leading cause of death afflicting approximately 6.2 percent of the population.	QAPI RE2Q1 QAPI RE2Q2,3,4 QIA S1A1
1.2 Did the MCO/PHP QIP address a broad spectrum of key aspects of enrollee care and services?	☒	☐	☐	This PIP seeks to improve two HEDIS Comprehensive Diabetes Care rates, HbA1c and diabetic retinal eye exams. While this is considered to be a baseline review this PIP has begun to address, and will continue to do so over time, multiple care and delivery systems that have the ability to pose barriers to improved enrollee outcomes. It therefore meets the requirements of this component.	QAPI RE2Q1 QIA S1A2

I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY					
Step 1. REVIEW THE SELECTED STUDY TOPIC (S)					
1.3 Did the MCO/PHP QIP include all enrolled populations; i.e., did not exclude certain enrollees such as with those with special health care needs?	☒	☐	☐	This PIP includes all Medicaid enrollees age 21-65 continuously enrolled during the measurement year with a diagnosis of diabetes based on administrative and pharmacy claims data. For both indicators UniCare followed the HEDIS eligible population description for Medicaid, which meets the requirements of this component.	QAPI RE2Q1 QIA S1A2

Assessment Component 1

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Ensure that data analyzed for selection of a study topic is related to the Medallion II population.

Step 2: REVIEW THE STUDY QUESTION (S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
2.1 Was there a clear problem statement that described the rationale for the study?	☐	☒	☐	PIP documentation did not state a specific problem or study question relating to the Medallion II population. The rationale identified opportunities for improvement in two HEDIS measures for the Medi-Cal contract citing compliance with recommended guidelines for HbA1c screening as critical since it is a key to monitoring glycemic control and predicting complications due to diabetes. Additionally, an annual retinal eye exam for diabetics may help to detect diabetes related eye diseases that potentially led to blindness.	QIA S1A3

Assessment Component 2

☐ Met – All required components are present.

☒ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Ensure that Medallion II specific data is utilized in describing the rationale for the study. The importance of selecting these specific measures could be strengthened by including the performance gap between each of these measures and the HEDIS comparison benchmarks.

Step 3: REVIEW SELECTED STUDY INDICATOR (S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
3.1 Did the study use objective, clearly defined, measurable indicators?	☒	☐	☐	Two HEDIS measures were identified as indicators for this PIP: HbA1c screening and diabetic retinal eye exam. Use of HEDIS measures meets the requirements of this component.	QAPI RE3Q1, QAPI RE3Q2-6 QAPI RE3Q7-8 QIA S1B2 QIA S1B3
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	☒	☐	☐	Improvement in these two indicators, a subset of HEDIS Comprehensive Diabetes Care measures, has been identified as valid proxy measures for improved health status.	QAPI RE3Q9 QIA S1B1
Assessment Component 3 ☒ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components are present.					
Recommendations					

Step 4: REVIEW THE IDENTIFIED STUDY POPULATION					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
4.1 Did the MCO/PHP clearly define all Medicaid enrollees to whom the study question(s) and indicator(s) are relevant?	☒	☐	☐	UniCare clearly defined all Medicaid enrollees for both indicators through use of HEDIS specifications. Each indicator describes the eligible population as all enrollees age 21-65 years continuously enrolled during the measurement year with a diagnosis of diabetes based on administrative claims and pharmacy data.	QAPI RE2Q1, QAPI RE3Q2-6
4.2 If the MCO/PHP studied the entire population, did its data collection approach capture all enrollees to whom the study question applied?	☒	☐	☐	HEDIS methodology and specifications meet the requirements of this component.	QAPI RE4Q1&2 QAPI RE5Q1.2 QIA I B, C

Assessment Component 4

☒ Met – All required components are present.

☐ Partially Met – One, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Step 5: REVIEW SAMPLING METHODS					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	☒	☐	☐	HEDIS methodology and specifications meet the requirements of this component.	QAPI RE5Q1.3a QIA S1C2
5.2 Did the MCO/PHP employ valid sampling techniques that protected against bias? *Specify the type of sampling or census used:*	☒	☐	☐	HEDIS methodology and specifications meet the requirements of this component.	QAPI RE5Q1.3b-c QIA S1C2
5.3 Did the sample contain a sufficient number of enrollees?	☒	☐	☐	HEDIS methodology and specifications meet the requirements of this component.	QAPI RE5Q1.3b-c QIA S1C2
Assessment Component 5 ☒ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components is present.					
Recommendations					

Step 6: REVIEW DATA COLLECTION PROCEDURES					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
6.1 Did the study design clearly specify the data to be collected?	☒	☐	☐	Data to be collected was specified in the numerator and denominator for each indicator. HEDIS has well defined data requirements for these indicators.	QAPI RE4Q1&2
6.2 Did the study design clearly specify the sources of data	☒	☐	☐	HEDIS technical specifications meet the requirements of this component for these two indicators. The PIP noted that hybrid (medical treatment records and claims/encounter) data as well as pharmacy data were used for these indicators.	QAPI RE4Q1&2
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicator(s) apply?	☐	☒	☐	HEDIS methodology was used for collecting data for the two measures. The PIP stated that all providers are paid on a fee for service basis, which UniCare believes ensures that the claims observed in the payment databases are a valid representation of the services that were provided. While this may reduce the likelihood of services being under reported this does not fully address how validity and reliability of the data is ensured. Events such as claims backlogs and coding issues may also affect the reliability and validity of the data. There was no evidence of a plan to audit data to ensure validity and reliability for either indicator.	QAPI RE4Q3a QAPI RE4Q3b QIA S1C1 QIA S1C3
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	☐	☒	☐	There was no evidence to support clear data collection instruments designed to promote inter-rater reliability for manual data collection.	QAPI RE4Q1&2 QAPI RE4Q3b QAPI RE7Q1&2

Step 6: REVIEW DATA COLLECTION PROCEDURES					
6.5 Did the study design prospectively specify a data analysis plan?	☒	☐	☐	A comprehensive data analysis plan was provided for both quantitative and qualitative analysis. For the quantitative analysis procedures for comparative analysis with goals, benchmarks, and previous measurements were described as well as the selection of a goal or benchmark. Committees involved in the qualitative analysis, approaches to facilitate analysis, and expected outcomes of the analysis were also identified.	QAPI RE5Q1.2
6.6 Were qualified staff and personnel used to collect the data?	☐	☒	☐	The PIP identified appropriate qualifications and experience of the individual responsible for statistical analysis, study design, and significance testing for the PIP. It did not specify the qualifications of the staff responsible for collecting data from medical record reviews.	QAPI RE4Q4

Assessment Component 6

☐ Met – All required components are present.

☒ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

The PIP report should include a description of the internal plan to ensure the collection of valid and reliable data for each indicator. Present evidence to support clear data collection instruments designed to promote inter- rater reliability for manual data collection. Specify the qualifications of the staff responsible for collecting data from medical record reviews.

Step 7: ASSESS IMPROVEMENT STRATEGIES					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	☒	☐	☐	In response to MY 2004 results UniCare performed a combined barrier analysis for the two indicators to identify opportunities for improvement and related interventions to improve these measures. Based upon data that suggested physicians were not ordering an HbA1 screening test or diabetic retinal eye exam an intervention was proposed to increase the mailing of physician reminders regarding these tests. This intervention is in addition to ongoing initiatives focused on enrollee and other provider barriers that were previously identified. These interventions appear reasonable based upon the barriers that have been identified.	QAPI RE6Q1a QAPI RE6Q1b QAPI RE1SQ1-3 QIA S3.5 QIA S4.1 QIA S4.2 QIA S4.3

Assessment Component 7

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
8.1 Was an analysis of the findings performed according to the data analysis plan?	☒	☐	☐	UniCare analyzed its findings after the 2004 remeasurement period. Both a quantitative and qualitative analysis was performed.	QAPI RE4Q4 QIA III
8.2 Did the MCO/PHP present numerical QIP results and findings accurately and clearly?	☒	☐	☐	The Data/Results Table accurately and clearly identified the Medicaid specific rate and the current HEDIS Quality Compass Medicaid benchmark and internal goal for the two HEDIS related measures.	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, only 2004 measurements were reviewed.	QAPI RE7Q2 QIA S1C4 QIA S2.1
8.4 Did the analysis of study data include an interpretation of the extent to which its QIP was successful and follow-up activities?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, no analysis of the extent to which the PIP was successful and follow-up activities was required.	QIA S2.2

Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS
Assessment Component 8 ☒ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components is present.
Recommendations

Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
9.1 Was the same methodology as the baseline measurement used when measurement was repeated?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, no repeat measurements will be reviewed during this cycle.	QAPI RE7Q2 QAPI 2SQ1-2 QIA S1C4 QIA S2.2 QIA S3.1 QIA S3.3 QIA S3.4
9.2 Was there any documented quantitative improvement in processes or outcomes of care?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, documented quantitative improvement in processes or outcomes of care was not reviewed during this cycle.	QAPI RE7Q3 QIA S2.3
9.3 Does the reported improvement in performance have face validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, this component will not be reviewed during this cycle.	QIA S3.2
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, this component will not be reviewed during this cycle.	QIA S2.3

Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT
Assessment Component 9 ☒ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components is present.
Recommendations

Step 10: ASSESS SUSTAINED IMPROVEMENT					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐	☐	☒	This is considered a baseline year for submission of this second PIP in compliance with a Department of Medical Assistance Services contractual requirement. Therefore, this component will not be reviewed during this cycle.	QAPI RE2SQ3 QIA II, III

Assessment Component 10

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components is present.

Recommendations

Key Findings for: ☐ Proposal ☒ Annual ☐ Resubmission ☐ Final
1. **Strengths** ➢ UniCare used use objective, clearly defined, measurable indicators. ➢ HEDIS specifications were utilized to identify the eligible population for both indicators. ➢ A comprehensive data analysis plan was developed that includes both a quantitative and qualitative analysis. ➢ A fishbone diagram illustrated enrollee, practitioner, cultural, and health delivery organization barriers leading to poor diabetes management. ➢ Focused interventions were developed in response to identified barriers and opportunities for improvement.
2. **Best Practices** None identified.
3. **Potential /significant issues experienced by MCO** (Barrier Analysis/Clarification Questions) Barriers identified included: ➢ Lack of enrollee knowledge about the importance of retinal eye exams for diabetics. ➢ Lack of enrollee knowledge of diabetes self-management skills. ➢ Lack of enrollee knowledge of services available to help manage diabetes. ➢ Lack of physician knowledge of UniCare diabetes resources and materials made available to enrollees and providers. ➢ Lack of physician knowledge of recommended guidelines for diabetes. ➢ Lack of physician and enrollee knowledge of diabetes screenings and potential disease management support needed by the enrollee.

Key Findings for: ☐ Proposal ☒ Annual ☐ Resubmission ☐ Final
4. **Actions taken by MCO** (Barrier Analysis/Response to Clarification Questions) Actions taken by the MCO included: ➢ A reminder card was sent to all identified enrollees who did not have a retinal eye exam in the last two years. ➢ Diabetes Member Education Packets were mailed to 1,939 English-speaking enrollees and to 7 Spanish-speaking enrollees. ➢ Outreach calls initiated to identified moderate and high-risk diabetics with a 6% success rate for 366 attempted calls. ➢ An annual physician mailing of UniCare Diabetes Management Clinical Support Tools was sent to 433 PCPs and Endocrinologists. ➢ Physicians informed biannually of screenings that have not been completed by the enrollee as recommended in the diabetes care guidelines.
5. **Recommendations for the next submission** (Pull from each Step Recommendations) ➢ Ensure that data analyzed for selection of a study topic is related to the Medallion II population. ➢ Ensure that Medallion II specific data is utilized in describing the rationale for the study. The importance of selecting these specific measures could be strengthened by including the performance gap between each of these measures and the HEDIS comparison benchmarks. ➢ The PIP report should include a description of the internal plan to ensure the collection of valid and reliable data for each indicator. Present evidence to support clear data collection instruments designed to promote inter- rater reliability for manual data collection. Specify the qualifications of the staff responsible for collecting data from medical record reviews.
☒ The study design and methodology for this PIP submission meets PIP requirements. The EQRO recommends that the MCO continue with the project and report next year in the Spring of 2006 (exact time to be determined). ☐ The study design and methodology for this PIP submission does not meet PIP requirements. To meet requirements, we recommend the MCO resubmit the following by _____ (date): • (Action) • (Action)